County: Winnebago OAKRIDGE GARDENS NURSING CENTER 1700 MIDWAY ROAD

Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Corporati on Skilled No Yes Average Daily Census: 106

Number of restuents on 12/31/00:	****	1U3 *************	******	******	******	*******	******
Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/	00) %			
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals	No	Primary Diagnosis  Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures	0. 0 19. 3 2. 8 0. 0 0. 0 2. 8 6. 4	Age Groups	2. 8 4. 6 37. 6 34. 9 20. 2	Less Than 1 Year 1 - 4 Years More Than 4 Years  ***********************************	
Other Meals Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for Developmentally Disabled ************************************	No No No Yes No	Cardi ovascul ar Carebrovascul ar Di abetes Respi ratory Other Medical Conditions	16. 5 22. 0 7. 3 2. 8 20. 2  100. 0	65 & Over Sex Male Female	97. 2 	RNs LPNs Nursing Assistants Aides & Orderlies	10. 9 7. 1 30. 1

## Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)			Other Pr		Private Pay		]	Manageo	d Care		Percent		
			Per Die	m		Per Die	m		Per Die	m		Per Dien			Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	11	100.0	\$152.00	59	86. 8	\$93. 08	0	0.0	\$0.00	28	93. 3	\$133.00	0	0.0	\$0.00	98	89. 9%
Intermedi ate				9	13. 2	\$76. 79	0	0.0	\$0.00	2	6. 7	\$130.50	0	0.0	\$0.00	11	10. 1%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	11	100.0		68	100. 0		0	0.0		30	100.0		0	0.0		109	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti ons	, Servi ces,	and Activities as of	12/31/00
zeache zaring hepereing reriou				% Ne	edi ng		Total
Percent Admissions from:		Activities of	%		ance of	% Totally	Number of
Private Home/No Home Health	3.4	Daily Living (ADL)	Independent		Two Staff	Dependent	Resi dents
Private Home/With Home Health	0. 0	Bathi ng	5. 5		0. 6	23. 9	109
Other Nursing Homes	0.6	Dressi ng	13. 8		8. 8	17. 4	109
Acute Care Hospitals	95. 5	Transferring	20. 2		8. 8	11. 0	109
Psych. HospMR/DD Facilities	0.0	Toilet Use	20. 2		0. 6	19. 3	109
Rehabilitation Hospitals	0.0	Eati ng	73. 4	1	3. 8	12. 8	109
Other Locations	0.6	*********	******	******	******	*********	******
Total Number of Admissions	176	Continence	1 0 .1 .		ecial Treat		%
Percent Discharges To:	00.0	Indwelling Or Extern				espiratory Care	8. 3
Private Home/No Home Health	33. 3	Occ/Freq. Incontinen	t of Bladder			racheostomy Care	0. 0
Private Home/With Home Health	13. 2	Occ/Freq. Incontinen	t of Rowel		Receiving S		0. 0
Other Nursing Homes	2. 3	Malilia.			Receiving 0		3. 7
Acute Care Hospitals	15. 5	Mobility	.i	0.0	Receiving I	ube Feeding	1. 8 ets 30. 3
Psych. HospMR/DD Facilities Rehabilitation Hospitals	0. 0 0. 0	Physically Restraine	u	9. 2	kecerving M	echanically Altered Di	ets 30. 3
Other Locations	10. 3	Skin Care		0+	han Dagidan	t Characteristics	
Deaths	25. 3	With Pressure Sores				e Directives	100. 0
Total Number of Discharges	£3. 3	With Rashes			di cati ons	e bilectives	100. 0
(Including Deaths)	174	with washes				sychoactive Drugs	42. 2
**************************************	******	   *******************	******	******	********	*************	***********

	Ownershi p:		Bed	Si ze:		ensure:			
	Thi s	Propri etary		100- 199		Ski l	led	Al l	
	Facility Peer Group		Group	Peer Group		Peer Group		Faci l	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95. 5	82. 5	1. 16	83. 6	1. 14	84. 1	1. 14	84. 5	1. 13
Current Residents from In-County	79. 8	83. 3	0. 96	86. 1	0. 93	83. 5	0. 96	77. 5	1.03
Admissions from In-County, Still Residing	17. 0	19. 9	0. 86	22. 5	0. 76	22. 9	0. 74	21. 5	0. 79
Admissions/Average Daily Census	166. 0	170. 1	0. 98	144. 6	1. 15	134. 3	1. 24	124. 3	1. 34
Discharges/Average Daily Census	164. 2	170. 7	0. 96	146. 1	1. 12	135. 6	1. 21	126. 1	1.30
Discharges To Private Residence/Average Daily Census	<b>76</b> . <b>4</b>	70.8	1. 08	<b>56</b> . 1	1. 36	<b>53. 6</b>	1. 42	49. 9	1. 53
Residents Receiving Skilled Care	89. 9	91. 2	0. 99	91. 5	0. 98	90. 1	1. 00	83. 3	1.08
Residents Aged 65 and Older	97. 2	93. 7	1. 04	92. 9	1. 05	92. 7	1. 05	87. 7	1. 11
Title 19 (Médicaid) Funded Residents	62. 4	62. 6	1. 00	63. 9	0. 98	63. 5	0. 98	<b>69.</b> 0	0. 90
Private Pay Funded Residents	27. 5	24. 4	1. 13	24. 5	1. 13	27. 0	1. 02	22. 6	1. 22
Developmentally Disabled Residents	0. 0	0.8	0.00	0. 8	0.00	1. 3	0.00	7. 6	0.00
Mentally III Résidents	22. 0	30. 6	0. 72	36. 0	0. 61	37. 3	0. 59	33. 3	0. 66
General Medical Service Residents	20. 2	19. 9	1. 01	21. 1	0. 96	19. 2	1. 05	18. 4	1. 10
Impaired ADL (Mean)	45. 5	48. 6	0.94	50. 5	0. 90	49. 7	0. 92	49. 4	0. 92
Psychological Problems	42. 2	47. 2	0. 89	49. 4	0. 85	50. 7	0. 83	50. 1	0.84
Nursing Care Required (Mean)	7. 7	6. 2	1. 25	6. 2	1. 24	6. 4	1. 19	7. 2	1.07